



## Developing a State Plan for Injury Prevention and Control for Kentucky

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The field of injury prevention and control (IPC) intersects with a wide range of public health issues, including motor vehicle crashes, falls, poisonings, drug overdose, substance abuse, brain and spinal cord injury, suicide and self-injury, homicide, rape, child and elder abuse, and intimate partner violence. The effects of these problems are felt by all Kentuckians at home, at work, at school, and elsewhere. There are many organizations across the state advocating and fighting for their prevention, reduction, and ideally, elimination. Because the causes and consequences of these problems are so often interconnected, there is a need for a state plan for injury prevention and control that considers injury from a system's perspective, and outlines the structures and actions needed to effectively address Kentucky's injury problem as a whole.

Fortunately, Kentucky has such an opportunity at this time. In 2005, Kentucky was selected as one of 30 states to be funded under the Centers for Disease Control and Prevention's (CDC) Integrated Core Injury Prevention and Control Program (ICIPC). Funding for this program began on August 1, 2005 and will continue through July 31, 2010. The purpose of the ICIPC program is to support states in the development of an integrated state plan for injury prevention and control, together with the infrastructure and resources required to implement and monitor the plan on an ongoing basis.

The Kentucky Injury Prevention and Research Center (KIPRC), part of the University of Kentucky's College of Public Health, in partnership with the

Kentucky Department for Public Health (KDPH), is the lead agency for Kentucky's ICIPC grant. At the heart of this project is the creation of a diverse group of public and private sector IPC stakeholders under the working name Kentucky Injury Community Planning Group (ICPG). An estimated 30 members will represent interests related to both unintentional injury and violence. The ICPG and project staff are working together to:

- Develop an inventory of injury prevention data sources, programs, projects, and resources.
- Develop, implement, promote, and monitor a state plan for injury prevention and control.
- Advocate and market for sustainable resources for injury prevention and control through a series of annual meetings with high-level IPC stakeholders.

The plan will address five functional areas considered to be critical to the success of state efforts to prevent and control injuries by:

1. Collecting, analyzing, and disseminating injury data
2. Building a solid state infrastructure for injury prevention
3. Designing, implementing, and evaluating interventions
4. Providing technical support and training
5. Studying issues that affect public policy

Concurrently with the ICPG activities, ICIPC project staff are developing and implementing an in-

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formation system to track injuries using existing state data sources and are creating an IPC resource clearinghouse. The underlying purpose connecting these diverse activities is to facilitate coordination of IPC programs and resources, and to foster collaboration where appropriate.

To date, the ICPG has convened on three separate occasions. The project was initially kicked off on January 10, 2006, and followed up with meetings on February 7 and April 4 to conduct an assessment of the state's strengths, weaknesses, opportunities, and threats with respect to IPC. The next step will be to form committees to develop goals, objectives, and strategies in the five areas outlined above. The full ICPG will reconvene this fall to assess progress. The state injury plan is expected to be completed in 2007 and the implementation phase completed soon thereafter.

Input regarding this project is welcomed. Questions and comments may be directed to Michael Singleton at [msingle@email.uky.edu](mailto:msingle@email.uky.edu) or (859) 257-5809 or visit [www.kiprc.uky.edu](http://www.kiprc.uky.edu).

### **The National Diabetes Surveillance System — Is Kentucky On The Right Track?**

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Green River District Health Department  
*Condensed from the CDC National Center for  
Chronic Disease Prevention and Health  
Promotion*

The Centers for Disease Control and Prevention (CDC) Diabetes Surveillance System collects, analyzes, and disseminates data on diabetes and its complications. This national diabetes surveillance system (available online at <http://www.cdc.gov/diabetes/statistics/index.htm>) offers national and state data with detailed charts and maps that allow data to be tracked for diabetes care trends and practices over the last 4 to 10 years. It also allows diabetes outcomes to be compared with other states.

Unfortunately, the prevalence of diabetes in Kentucky is increasing. Kentucky's prevalence

(existing cases) of diagnosed diabetes among the adult population was at least 50% higher in 2004 than in 1994. Specifically, the prevalence of diagnosed diabetes per 100 adult population was 3.9 in 1994 and 7.8 in 2004. Numbers of Kentuckians (in thousands) with diagnosed diabetes was 109 in 1994 and 254 in 2004.

Although Kentucky's prevalence of diabetes continues to climb, the state has made many improvements in increasing diabetes practices. Like most states, the number of adults with diabetes who received diabetes preventive care practices increased in 2004 from 1994. However, even though the data included within this article show that the rate of all but one of Kentucky's diabetes preventive care practices increased, there is still a need for additional improvement in the current levels to achieve national health goals.

Kentucky trends in various "diabetes care practices" are outlined below (all data is based upon age adjusted rates per 100 KY adults with diabetes):

- Rates of dilated eye exams in 1995 were 55.6 and increased to 65.5 in 2004.
- Rates of daily self-monitoring of blood glucose were 32.2 in 1995 and increased to 64.9 in 2004.
- Rates of professional foot exams within the last year increased from 49.2 in 1995 to 62.9 in 2004 and rates of daily self-exams of feet increased from 78.5 in 2000 to 81.4 in 2004.
- Rates of visiting a health professional for diabetes within the last year increased from 90.9 in 1995 to 93.7 in 2004.
- Rates of two or more A1c tests within the last year increased from 71.1 in 2000 to 72.4 in 2004.
- Rates of attending a diabetes self-management class decreased from 48.1 in 2000 to 47.2 in 2004.
- Rates of influenza vaccination within the last year increased from 30.2 in 1993 to 50.5 in 2004.
- Rates of receiving a pneumococcal vaccination increased from 21.1 in 1993 to 41.1 in 2004.

For more information about diabetes in Kentucky, contact Janice Haile (janice.haile@grdhd.org) with the Kentucky Diabetes Prevention and Control Program at (270) 686-7747, ext. 5562 or visit the DPH Web site at <http://www.chfs.ky.gov/dph/ach/diabetes.htm>.

**Cases of Selected Reportable Diseases in Kentucky  
(YTD Through MMWR Week #13 for Each Year)  
Preliminary Totals**

Disease	2006	2005	5-yr Median
AIDS	53	66	64
Chlamydia	2343	3087	2176
Gonorrhea	824	942	873
Syphilis (Primary & Secondary)	11	6	14
Group A Streptococcus	17	12	12
Meningococcal Infections	3	7	4
<i>Haemophilus influenzae</i> , invasive	0	0	1
Hepatitis A	14	3	7
Hepatitis B	18	21	13
E.coli O157H7	10	3	3
Salmonella	62	35	49
Shigella	50	19	34
Tuberculosis	12	24	35
Animal Rabies	4	1	5

Vaccine Preventable	2006	Total in 2005
Diphtheria	0	0
Measles	0	0
Mumps	0	0
Pertussis	6	24
Polio	0	0
Rubella	0	0

Vector-Borne	2006	Total in 2005
Rocky Mountain Spotted Fever	0	0
Lyme Disease	0	0
Ehrlichiosis	0	0
Tularemia	0	0

**INFLUENZA STATISTICS FOR CONFIRMED ISOLATES**

Influenza Season = Oct-May

TYPE	2005-2006 YTD thru 3/31/06	2004-2005 TOTAL
<b>TOTAL</b>	<b>205</b>	<b>621</b>

**INFLUENZA STATISTICS FOR PROBABLE CASES**

Influenza Season = Oct-May

TYPE	2005-2006 YTD thru 3/31	2004-2005 TOTAL
Positive Rapid Antigen Tests	<b>1947</b>	<b>3881</b>

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## *National HIV Testing Day, June 27<sup>th</sup> 2006*

Each year National HIV Testing Day is observed on June 27<sup>th</sup>. In Kentucky the campaign runs the entire month of June. The purpose of this campaign is to encourage as many Kentuckians as possible to be tested and know their HIV status. The HIV/AIDS Branch of the Kentucky Department for Public Health works with and encourages all agencies providing HIV antibody testing to discuss the topic of HIV antibody testing with all patients/clients and provide testing when appropriate.

Public health agencies such as county health departments and contracting community-based organizations are encouraged to increase awareness about HIV antibody testing and improve access to testing by developing local media campaigns about National HIV Testing Day/Month. Some sites work with local newspapers, radio stations, or television stations to make people aware of the importance of HIV testing. Some agencies sponsor off-site testing events in order to increase access to HIV testing.

In the past, private healthcare providers have not been targeted to participate in Kentucky's campaign. **Following the Centers for Disease Control and Prevention's initiative to incorporate HIV testing into primary care we are encouraging hospitals, clinics, and private physicians to join this year's campaign.** We are encouraging doctors, nurses or intake personnel to approach the subject of sexual health and substance use with their patients, in order to determine if an HIV antibody test is appropriate and provide the service, if possible. When testing is not feasible in private healthcare settings due to cost or issues with insurance providers, we are asking private healthcare providers to refer patients to local health departments or other public health partners, which can provide testing free or at minimal cost.

For more information about the National HIV Testing Day/Month campaign, please contact the HIV/AIDS branch of the Kentucky Department for Public Health at 502-564-6539.